



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual

Section: ELIGIBILITY FOR SERVICES

Subject: Wait List Criteria

References: ARM: 37.40.1408

PURPOSE

An available opening for services will be offered to the individual determined most in need of the service and most likely to benefit from the available services. Case Management Teams (CMTs) are required to maintain an electronic wait list.

GENERAL CRITERIA

Entrance into the Big Sky Waiver is based on statewide criteria through the Wait List Criteria Tool. When all available slots are filled, the CMTs must establish a wait list. Only individuals who are financially eligible for Medicaid, meet level of care, and are able and willing to accept a slot should be placed on the wait list. Individuals who require a resource assessment or children who need waiver of deeming to qualify for Medicaid may also be placed on the wait list.

ENROLLMENT

All open slots must be equally available to all eligible individuals in the CMTs service area. CMTs serving more than one county may not allocate slots per county. Individuals placed on the wait list must be assessed in person within 60 days of the date of the referral. Priority is established through scoring the criteria on the Wait List Criteria Tool (SLTC-146). A Wait List Criteria Tool will be completed for each individual awaiting Big Sky Waiver services. The CMT will assist applicants in securing needed support or other available services until the individual can be admitted to the Big Sky Waiver.

REVIEW OF WAIT LIST

The CMT will determine when a more in-depth review of an individual on the wait list is necessary. However, individuals on the wait list, or family members of individuals on the wait list, must be contacted at least quarterly to ensure that the wait list is current. CMTs must monitor the wait list and update quarterly to ensure that individuals on the list are still in need of services. The review consists of verifying the individual's current eligibility and need for service. If the individual's level of care or need for services is in question, the CMT may involve Mountain Pacific Quality Health (MPQH)

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through a phone consultation to ensure member continues to meet level of care. If the individual does not meet level of care, MPQH will notify the individual by a SLTC-61, with a copy to the CMT.

**TRANSITION
TO WAIVER**

The CMT will select the next prioritized individual on the wait list when a slot becomes available. Budget constraints may warrant the selection of an individual with lower needs whose care needs can be met with limited funds. In these instances, the CMT must document the specific circumstances on the Wait List Criteria Tool in the Comment section of the form. It is not necessary for MPQH to complete a new screening tool or to send a SLTC-61 if the individual continues to qualify. The CMT will enter the review information in the individual's record. If the individual has been on the wait list more than 90 days, a new level of care decision from MPQH does not need to be made unless there has been a significant change in the individual's condition.



Big Sky Waiver 406-1 provides specific instructions on completion of the Wait List Tool.

NOTE: Individuals who qualify for another waiver may also be placed on that waiver's wait list. Refer to Big Sky Waiver 411.